DOUGLAS COUNTY EMPLOYEES RETIREMENT PLAN
PENSION WITHHOLDING ELECTION FORM

Participant Name: _____

Social Security Number: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Contract Number: 39G 12795 Arrangement Number: _____

ELECTION OF WITHHOLDING FROM PENSION BENEFIT

Premium Withholding Start/Change Date: _____

Withholding for Monthly Premiums:	***Monthly Withholding Amount:***	***Policy #:***	***Company Name:***	***Address:***
___ Medical:	$_____	_____	_____	Street Address: _____ City, State, Zip: _____
___ Dental:	$ _____	_____	_____	Street Address: _____ City, State, Zip: _____
___ Long-Term Health Care	$_____	_____	_____	Street Address: _____ City, State, Zip: _____
___Medicare Supplement	$ _____	_____	_____	Street Address: _____ City, State, Zip: _____

Total Monthly Withholding Amount $_____

Note: The authorization and release on the reverse side must be signed to complete this form. This form must be returned to: Douglas County Employees Pension Plan, 1819 Farnam Street, Room 505, Omaha, Nebraska 68183

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I hereby authorize United of Omaha to withhold from my monthly pension benefit payment under the Douglas County Employees Retirement Plan the amount of any premiums noted above and to pay those amounts to the insurance companies noted above on my behalf. I understand and agree that the above premiums are intended to qualify for pre-tax withholding under Section 845 of the Pension Protection Act of 2006, and are subject to an annual total pre-tax limit under Section 845, which is currently $3,000. When the annual pre-tax limit is reached, premiums will be withheld on an after-tax basis for the remainder of the year. I acknowledge and agree that the premium withholding noted above will continue until United of Omaha receives written notice of the termination or change in my withholding election. If any change is to be made to the premium amount or change of insurance carrier, United of Omaha must receive notification 45 days prior to the effective date of the change.

I hereby release and discharge United of Omaha and its affiliated companies, and the employees, officers and directors thereof, of any and all liability relating to: the withholding of premiums from my pension benefit payments and the payment of those premiums to insurance providers on my behalf; the insurance coverages provided under the referenced policies; and any federal, state or local income taxes, penalties or interest relating to the characterization of withholding amounts as pre-tax.

_____ _____

Participant Signature Date

_____

Printed Name

TO BE COMPLETED BY DOUGLAS COUNTY:

Verified and approved retiree eligibility to elect pre-tax health premium withholdings.

_____ _____

Authorized Signature (Douglas County) Date

Home Office – Cathy Kozlik

Date Received_____

Effective Date of Change_____